

June 21, 2018

On June 15th, the Medicare Payment Advisory Commission (MedPAC) issued its annual policy report entitled *June 2018 Report to the Congress: Medicare and the Health Care Delivery System*. This report fulfills the Commission's legislative mandate to evaluate Medicare payment issues and to make recommendations to the Congress. You can view the entire report or sections of the report from the [MedPAC Report webpage](#). To view the fact sheet, click [here](#).

Please note that the report includes ten separate policy sections, with three sections of particular relevance to Mass Senior Care members:

Encouraging Medicare beneficiaries to use higher quality post-acute care providers. In this section, MedPAC discusses increasing the use of higher quality post-acute care providers.

Managed care plans for dual-eligible beneficiaries. In this section MedPAC considers three potential policies, including passive enrollment (i.e., automatic enrollment with an opt out) of Medicare-Medicaid dual eligibles to encourage the development of plans that integrate care for individuals who receive both Medicare and Medicaid.

Paying for sequential stays in a unified prospective payment system for post-acute care - Medicare uses separate prospective payment systems (PPSs) to pay for stays in each of the four post-acute care settings—skilled nursing facilities (SNFs), home health agencies (HHAs), inpatient rehabilitation facilities (IRFs), and long-term care hospitals (LTCHs). As mandated by the Congress, in June 2016, the Commission developed a prototype design and estimated the impacts of a unified post-acute care prospective payment system (PPS). This section of the report further advances MedPAC Unified Payment System concept.